

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

receiving Office use only	
International Application No.	
International Filing Date	
Name of receiving Office and "PCT International Application"	
Applicant's or agent's file reference: L0532.70032 (if desired) (12 characters maximum)	

Box No. I TITLE OF INVENTION AUTHENTICATION MARK FOR A PRODUCT OR PRODUCT PACKAGE	
Box No. II APPLICANT	
Name and address: <i>(Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> VERIFICATION TECHNOLOGIES, INC. d/b/a VERITEC 85 Westbrook Road Centerbrook, Connecticut 06409 United States of America	
<input type="checkbox"/> This person is also inventor. Telephone No. Facsimile No. Teleprinter No.	
State (that is, country) of nationality: US	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
Name and address: <i>(Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> VIG, Rakesh 15 Park Place Durham, Connecticut 06422 United States of America	
This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
State (that is, country) of nationality: IN	State (that is, country) of residence: US
This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.	
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE	
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: <input checked="" type="checkbox"/> agent <input type="checkbox"/> common representative	
Name and address: <i>(Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> FERRARO, Neil P. Wolf, Greenfield & Sacks, P.C. 600 Atlantic Avenue Boston, Massachusetts 02210 United States of America Address for correspondence	
Telephone No. 617 720-3500 Facsimile No. 617 720-2441 Teleprinter No.	
<input type="checkbox"/> Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.	

Continuation of Box No. III		FURTHER APPLICANTS AND/OR (FURTHER) INVENTORS	
If none of the following sub-boxes is used, this sheet is not to be included in the request.			
Name and address: <i>(Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> SELINFREUND, Richard 1285 Moose Hill Road Guilford, Connecticut 06437 United States Of America		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
State (that is, country) of nationality: US		State (that is, country) of residence: US	
This person is applicant for the purposes of:		<input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> MILLER, Peter 203 Crystal Avenue New London, Connecticut 06320 United States of America		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
State (that is, country) of nationality: US		State (that is, country) of residence: US	
This person is applicant for the purposes of:		<input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> (Empty)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the purposes of:		<input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> (Empty)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the purposes of:		<input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Name and address: <i>(Family name, followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> (Empty)		This person is: <input type="checkbox"/> applicant only <input type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i>	
State (that is, country) of nationality:		State (that is, country) of residence:	
This person is applicant for the purposes of:		<input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input type="checkbox"/> Further applicants and/or further inventors are indicated on another continuation sheet.			

Box No. V DESIGNATION STATES

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes, at least one must be marked):

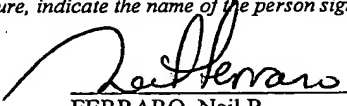
Regional Patent

- ☒ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, SD Sudan, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZW Zimbabwe, ZM Zambia and any other State which is a Contracting State of the Harare Protocol and of the PCT
- ☒ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH and LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | |
|--|--|
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> LS Lesotho |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> LT Lithuania |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> LU Luxembourg |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> LV Latvia |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> MD Republic of Moldova |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> MG Madagascar |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> AE United Arab Emirates |
| <input checked="" type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> MN Mongolia |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> MW Malawi |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> MX Mexico |
| <input checked="" type="checkbox"/> CH and LI Switzerland and Lichtenstein | <input checked="" type="checkbox"/> NO Norway |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> NZ New Zealand |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> SD Sudan |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> SI Slovenia |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> GE Georgia | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> GH Ghana | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> GM Gambia | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> KE Kenya | <input checked="" type="checkbox"/> YU Yugoslavia |
| <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> ZW Zimbabwe |
| <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> All States party to PCT as of International Filing Date |
| <input checked="" type="checkbox"/> KZ Kazakhstan | Check-boxes reserved for designating States (for the purposes of a national patent) which have become party to the PCT after issuance of this sheet: |
| <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> CR, DM, TZ, MA, AG, MZ, DZ, BZ, PH, CO, EC, TN, OM, NI, PG, SC, SY, VC |
| <input checked="" type="checkbox"/> LK Sri Lanka | |
| <input checked="" type="checkbox"/> LR Liberia | |

In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM		Further priority claims are indicated in the Supplemental Box <input type="checkbox"/>		
Filing date of earlier application (day/month/year)	Number of earlier application	National application: country	Where earlier application is: regional application: * regional Office international application: receiving office	
item (1) 08 October 2002 (08.10.02)	60/416,843	US		
item (2) 31 January 2003 (31.01.03)	10/356,387	US		
item (3)				
<input checked="" type="checkbox"/> The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of the present international application is the receiving Office) identified above as item(s): <u>1, 2</u>				
<i>* Where the earlier application is an ARIPO application, it is mandatory to indicate in the Supplemental Box at least one country party to the Paris Convention for the Protection of Industrial property for which that earlier application was filed (Rule 4.10(b)(ii)). See Supplemental Box.</i>				
Box No. VII INTERNATIONAL SEARCHING AUTHORITY				
Choice of International Searching Authority (ISA) <i>(If two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):</i> ISA / EP		Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Search Auth.): Date (day/month/year) Number Country (or regional Office)		
Box No. VIII CHECK LIST				
This international application contains the following number of sheets: request : 4 description (excluding sequence listing part) : 33 claims : 4 abstract : 1 drawings : 7 sequence listing part of description : 0 Total number of sheets: 49		This international application is accompanied by the item(s) marked below: 1. <input checked="" type="checkbox"/> fee calculation sheet 2. <input type="checkbox"/> separate signed power of attorney 3. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: 4. <input type="checkbox"/> statement explaining lack of signature 5. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): 6. <input type="checkbox"/> translation of the international application into (language): 7. <input type="checkbox"/> separate indications concerning deposited microorganisms or other biological material 8. <input type="checkbox"/> nucleotide and/or amino acid sequence listing in computer readable form 9. <input checked="" type="checkbox"/> other (specify): postcard, transmittal letter, check		
Figure of the drawings which should accompany the abstract: 1		Language of filing of the international application: English		
Box No. IX SIGNATURE OF APPLICANT				
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request). <div style="text-align: center; margin-top: 20px;">  FERRARO, Neil P. </div>				
For receiving Office use only				
1. Date of actual receipt of the purported international application:		2. Drawings <input type="checkbox"/> received <input type="checkbox"/> not received		
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:				
4. Date of timely receipt of the required corrections under PCT Article 11(2)				
5. International Searching Authority specified by the applicant: ISA /		6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid		
For International Bureau use only				
Date of receipt of the record copy by the International Bureau:				